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| **EMERGENCY RIDE REIMBURSEMENT REQUEST** | Wisconsin Department of Transportation |
| DT1951 11/2017 |  |

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| --- | --- |
| Company/Building Name      | (Area Code) Telephone Number      |
| Address, City, State, Zip Code      |
| Rider Name      | Ride Date      |
| Rider Home Address      |
| Mode of travel to work on day of emergency |
| [ ]  Carpool/Vanpool | [ ]  Bicycle | [ ]  Bus | [ ]  Walked | [ ]  Other – Specify:       |
| Type of Emergency      |
| Points of Destination – Home, day care, park & ride lot, home of carpool driver, hospital, etc.: |
| First      | Final      |
| Mode of travel in which employee was released |
| [ ]  Fleet Car | [ ]  Taxi | [ ]  Other – specify:       |
| Number of miles from work to final destination      | Reimbursement at the lesser of $0.51 / mile or actual cost incurred      |
| Send to: Wisconsin RidesharePO Box 798Waukesha, WI 53187-0798 | [ ]  Rider is an employee of the company or in the building named above, and is a Wisconsin resident. |
|       |
| If you have questions, please call (262) 521-5454. | (Representative Signature) |

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